TENCO WORKFORCE DEVELOPMENT AREA

Mileage Reimbursement Request

TRADE ONLY

**This Form Must Be Completed In Blue or Black Ink.**

**Participant’s Name: JT# Adult \_\_\_\_ DW \_\_\_\_ Youth \_\_\_\_**

**Program of Study: SSN#**

**School or Provider: Number of Children: Month:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Hours of**  **Training** | **# of Miles**  **(Round Trip)** | **# of Miles**  **X 0.535** | **Grand**  **Total** | **Comments** |
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| **Grand Totals** | | # | $ | $ |

**Do Not Use Ditto Marks or Arrows. Complete information each day costs are incurred.**

I attest to the accuracy and legitimacy of all costs incurred as represented on this form. (Include childcare expense form)

**Participant Signature: Date:**

NOTE: If ALL information is not completed, reimbursement will be delayed until the following month. Signature of participant will be verified through review of original forms.

**Staff Use Only**: I have reviewed this form from participant and reviewed for accuracy.

Initials Date